

## **CHAPTER 6: Client Rights**

**Policy:** MSSP clients have the right to express complaints and/or dissatisfaction with any adverse decision of the program. Clients shall be informed of and have available to them all rights, including a grievance process at the site level as well as access to the formal State Medi-Cal hearing process. All staff must respect client rights.

**Purpose:** This chapter provides minimum standards to ensure that there is a process in place that is respectful of individual rights.

**References:**

- Welfare and Institutions Code, Division 9, Part 2, Chapter 7, §10950-10967.
- Home- and Community-Based Services Waiver #0141.R04.00 Appendix D.
- California Code of Regulations, Title 22, Division 3, Subdivision 1, Chapter 3, Article 1.3, Section 51014.1.
- Code of Federal Regulations (CFR), Title 42, Part 431, Subpart E.

### **6.000 MSSP Client Rights**

All clients enrolled in the MSSP will be afforded the right to:

- Withdraw from the MSSP at any time.
- Not answer any question not relevant to the determination of services to be received, or receiving.
- Participate in all aspects of care, including the determination of services needed (self-determination and choice to the fullest extent possible).
- Confidentiality of personal information, including case records.
- Request a fair hearing when application for participation has been denied, or if dissatisfied with the services received.

MSSP clients are informed of their rights upon application for MSSP services: Application form (Appendices 9 and 10); Client Rights form (Appendix 12); Your Rights Under California Welfare Programs (Appendix 13). These rights include freedom of choice (Section 3.320, Freedom of Choice).

As Medi-Cal recipients, MSSP clients have additional rights under that program, which is administered locally by county welfare offices. These rights are explained to the individual at the time of their enrollment into Medi-Cal.

### **6.100 Client Grievance Procedure**

A key component to a client's rights is the opportunity to challenge or dispute a decision. The client must be provided with information as to how to access the site's client grievance procedure. The information needs to be provided to the client and must include the name, address, and phone number of the person(s) responsible for initiating the grievance procedure and/or resolving grievances. Verification of a grievance procedure is provided to CDA by the site on the Quarterly Report which also provides the format to record both frequency and outcome of grievances.

The site-level grievance process shall provide a structure to receive, acknowledge, respond to, and track client complaints. Clients may express these issues either orally or in writing. On-going services will not be interrupted or discontinued during the grievance process. While it is anticipated that a formal request for a Medi-Cal hearing would occur after the site-level grievance process has been pursued, the client has the right to initiate a request for a Medi-Cal hearing at any time.

### **6.200 Due Process Rights**

#### **6.210 Denial of Request for Waiver Services**

Persons screened out of the program as not meeting the following minimum eligibility criteria will not be provided with a written notice of appeal rights since these qualifications are not subject to appeal:

- Age.
- Medi-Cal eligibility.

#### **6.220 Failure to Meet Minimum Eligibility Criteria**

Persons screened out of the program for reasons other than listed in 6.210 above, who disagree with the screening decision, will be given a written notice of this decision (Section 6.400 Termination of MSSP Services, Appendix 2). The notice will include the following minimum information:

- A description of the action the site is intending to take.
- The reasons for the intended action.
- Information about the client's right to request a hearing (Your Right to Appeal this Action, Appendix 5) must be included with the mailing of the denial letter to the client.

NOTE: While individuals screened out for these reasons will receive a written notice of that action, they are not entitled to "aid paid pending."

### **6.230 Notice of Action**

A Notice of Action must be sent to clients for any adverse decision regarding waiver enrollment, or when a waiver service is reduced, suspended, terminated or denied (Appendix 2).

### **6.300 State Medi-Cal Fair Hearing**

Clients will be informed, in writing, of their right to request a State Medi-Cal hearing when they indicate disagreement with any decision which would result in a discontinuance, termination, suspension, cancellation or decrease of services under the program. A copy of the Request for State Hearing form (Appendix 5) will be included with the mailing of the written notice sent to the client.

The formal State Medi-Cal hearing process steps are as follows:

1. Client is sent the Request for a State Hearing form (Appendix 5) for any adverse decision regarding enrollment, or reduction, suspension, termination or denial of waiver services. If the client disagrees with the action taken, they complete the form and submit it to the Office of the Chief Referee at the State Department of Social Services.
2. CDA receives notification from the Office of the Chief Referee that the appeal has been filed, and the date, place, and time for the hearing. This information is immediately forwarded to the MSSP site.
3. The local MSSP site staff participates in a State hearing by:
  - developing a written position statement that sets forth the reason for the adverse decision or termination, and
  - being present (in person or by telephone) at the hearing to respond to questions or present additional information.
4. After the hearing, the Office of the Chief Referee notifies the client and MSSP site of the final disposition.

Clients who have filed a timely appeal of their termination from MSSP are entitled to continue receiving MSSP services (including care management) until the hearing is held and a decision rendered by the Hearing Officer. The continuance of Medi-Cal benefits (in this situation, MSSP services) until a hearing is held, is referred to as "aid paid pending".

Withdrawal of Request for Hearing: The decision to withdraw the Request for State hearing must be voluntarily made by the client. Local MSSP staff must be cautioned not to encourage clients to withdraw State Hearing requests.

Staff may only clarify for clients the reason for the adverse decision and explain the resultant effects. The State Hearing Withdrawal Form (Appendix 6) is used by MSSP clients to formally withdraw a request for a State hearing.

#### **6.400 Notice of Action for Terminations**

State law and Medi-Cal regulations require that a Notice of Action (Appendix 2) and the Right to State Medi-Cal Hearing (Appendix 1) be sent to an applicant who is denied eligibility at point of application. A Notice of Action (Appendix 2) and the State Hearing Notice (Appendix 5) is mandated for any MSSP client who is terminated from the program for the following reason codes: 2, 3, 4, 5, 7, 8, 9 or 10.

The information contained in the termination and denial letters may be reproduced on the site's letterhead. The care manager should select the appropriate reason from the choices given for termination or denial, and delete the non-applicable reasons. The NOA informs the applicant/client of rights to a fair hearing if they are dissatisfied with the termination action or denial of entry into the MSSP. A copy of the NOA must be filed in the case record.

The continuance of Medi-Cal benefits (in this case, MSSP services) pending the hearing, is often referred to as "aid paid pending." Clients who have filed a timely appeal of their termination from MSSP and/or discontinuance of MSSP services and who are eligible for "aid paid pending," are entitled to continue receiving MSSP services, including care management, until the hearing is held and a decision rendered by the Hearing Officer.

When a termination reason requires a ten-day notice period (reason codes 4, 5, 7, 8, 9 and 10), the ten-day period shall not include the date of mailing or the date that the action is to take effect. The NOA must be mailed in sufficient time for the client to receive it ten days prior to termination from the program.

Following is a list of termination reason codes and the NOA required:

1. Death. A NOA is **not required** when a client dies.
2. Moves. A NOA **is required** if the client moves out of the MSSP contracted service area. It does not need to meet the ten-day requirement, but must be mailed before the effective date of the termination action. The client does have appeal rights (fair hearing), but is not entitled to "aid paid pending."

3. Declines Further Services. A NOA **is required** if the client no longer desires services. The NOA does not need to meet the ten-day requirement, but must be **mailed** before the effective date of the termination action. The client does have appeal rights (fair hearing), but is not entitled to "aid paid pending".
4. Other. The site **is required** to mail a NOA with a ten-day notice period before the date that the termination action takes place. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must continue until the fair hearing process has been completed and a decision has been rendered.
5. Doesn't Meet LOC. When a client is no longer certifiable for NF Level of Care, a NOA with a ten-day notice period **is required**. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must continue until the fair hearing process has been completed and a decision has been rendered.
6. Not Medi-Cal Eligible. When a client is no longer eligible for Medi-Cal, a NOA is **not required** because this notification is the responsibility of the DHCS. As a courtesy to the client who loses their Medi-Cal eligibility, the site should also send a letter advising them of their loss of MSSP eligibility. Once the beneficiary receives the Medi-Cal NOA, they have ten (10) calendar days to appeal the action by requesting a fair hearing. If an appeal is made and it is determined that the "aid paid pending" provision applies, the Medi-Cal beneficiary/client is issued a Medi-Cal card and MSSP services are to continue until a fair hearing decision is rendered. It is the site's responsibility to verify the client's Medi-Cal eligibility.
7. Institutionalized. When a client is terminated because they have become institutionalized, a NOA with a ten-day notice period **is required**. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must continue until the fair hearing process has been completed and a decision has been rendered.
8. High Cost. When a client is terminated due to high cost, a NOA with a ten-day notice period **is required**. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must

continue until the fair hearing process has been completed and a decision has been rendered.

9. Not MSSP/Medi-Cal Eligible. When a client retains eligibility for Medi-Cal, but the basis for that eligibility changes to an aid category that no longer qualifies for MSSP, a NOA with a ten-day notice period **is required**. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must continue until the fair hearing process has been completed and a decision has been rendered. NOTE: If the ten-day NOA takes the client into the next month (in which the client has become ineligible due to Medi-Cal share of cost or other factors), sites cannot bill the Medi-Cal Fiscal Intermediary for any MSSP services in that month. Any claims for MSSP services for that month that were submitted for payment, will be denied.
10. Unable/Unwilling to Utilize Care Management or Follow a Care Plan. When a client is terminated because they are unwilling or unable to utilize care management, a NOA with a ten-day notice period **is required**. The client does have appeal rights (fair hearing). If an appeal is filed and "aid paid pending" is determined to be appropriate, MSSP services must continue until the fair hearing process has been completed and a decision has been rendered.